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PSC SC  
DOCKETING DEPT.

AUTHORIZED UTILITY REPRESENTATIVE

Provide the *name, title, address and telephone number of the designated regulatory affairs staff who should be contacted in connection with general management duties and customer complaints received via the South Carolina Office of Regulatory Staff.*

TC Systems, Inc.

COMPANY NAME (Including dba Name(s) or Acronyms used or to be used in SC)

Federal ID#

a. **Cindy Hardy**

General Manager (Print)

One AT&T Way, Room 2B115E

Address

Bedminster, NJ 07921

City, State, Zip Code

(908) 234-7386

Telephone Number

(908) 532-1809

Facsimile Number

cyhardy@att.com

E-Mail Address

b. **Chris Timmermans**

Customer Relations/Complaints Representative (Print)

777 N. Blue Parkway, Room 100

Address

Lee's Summit, MO 64086

City, State, Zip Code

(816) 251-3255

Telephone Number

(281) 664-5365

Facsimile Number

christopher.timmermans@att.com

E-Mail Address

c. **Same As Above**

Customer Relations/Complaints Representative for Escalated Complaints (Print)

Address

City, State, Zip Code

Telephone Number

Facsimile Number

E-Mail Address

**James F. Dionne**

Printed Name

Authorized Signature